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10-083024  
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U.S. UTILITY Patent Application

PATENT NUMBER and  
ISSUE DATE

|  |                           |  |          |                                   |                         |
|--|---------------------------|--|----------|-----------------------------------|-------------------------|
| APPL NUM<br>10083024   | FILING DATE<br>02/26/2002 | CLASS<br>381   | SUBCLASS | GAU<br>2643                       | EXAMINER<br><i>RECK</i> |
| <b>**APPLICANTS:</b> Miller Douglas; Miller Scott: <i>Miller</i>   |                           |  |          |                                   |                         |
| <b>**CONTINUING DATA VERIFIED:</b>   |                           |  |          |                                   |                         |
| <b>** FOREIGN APPLICATIONS VERIFIED:</b>   |                           |  |          |                                   |                         |
| PG-PUB <input type="checkbox"/>  |                           | DO NOT PUBLISH <input type="checkbox"/>  |          | RESCIND <input type="checkbox"/>  |                         |
| Foreign priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no  |                           | 35 USC 119 conditions met <input type="checkbox"/> yes <input type="checkbox"/> no |          | ATTORNEY DOCKET NO<br>45568-00040 |                         |
| Verified and Acknowledged Examiners's initials   |                           |  |          |                                   |                         |
| TITLE : Method and system for external assessment of hearing aids that include implanted actuators<br><small>U.S. DEPT. OF COMM./PAT. &amp; TM-PTO-436L (Rev. 12-94)</small> |                           |  |          |                                   |                         |

|  |           |                           |                                       |
|--|-----------|---------------------------|---------------------------------------|
| <b>NOTICE OF ALLOWANCE MAILED</b>  |           | <b>CLAIMS ALLOWED</b>     |                                       |
|  |           | Assistant Examiner        | Total Claims <input type="checkbox"/> |
|  |           |                           | Print Claim for O.G.                  |
| <b>ISSUE FEE</b>   |           |                           | <b>DRAWING</b>                        |
| Amount Due   | Date Paid |                           | Sheets Drwg./ Figs. Drwg. Print Fig.  |
|  |           | Primary Examiner          |                                       |
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>  |           | <b>PREPARED FOR ISSUE</b> | Application Examiner                  |
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